



STATE OF VERMONT  
Department of Financial Regulation  
Insurance Division Producer Licensing  
89 Main Street  
Montpelier, VT 05620-3101

**Insurance Company Certificate  
For  
Business Entity Limited Lines License for Credit Insurance**

I, \_\_\_\_\_, an officer of  
(Typed Name)  
\_\_\_\_\_  
(Name of Appointing Company) Insurance Company,

hereby certify that \_\_\_\_\_,  
(Name of Business Entity)

Business Entity FEIN# \_\_\_\_\_:  
(Federal Identification Number for Entity)

1. Is trustworthy and competent to act as our Credit Insurance agent; and
2. We have provided training and education in conformity with the requirements set forth in Section 7(c) of Regulation I-2007-01.

Signed \_\_\_\_\_  
(Signature of Officer of Company)

Position: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company NAIC#: \_\_\_\_\_

Date: \_\_\_\_\_